

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES

Janet DeMarzo
Commissioner

Dear MI-HEAP Applicant:

This winter, Suffolk County is offering eligible residents a one time \$500.00 check to help defray heating costs. The Middle Income Home Energy Assistance Program (MI-HEAP) will assist households in need where income is too high to qualify for the Home Energy Assistance Program (HEAP). Eligible households will receive a \$500.00 grant, regardless of the household size. Only households with an actual heating expense will be considered.

- Beginning on November 3, 2008 and ending on December 31, 2008, households can apply for MI-HEAP. Since Funding is limited, it is suggested you file your application as soon as possible.
- A mail-in MI-HEAP application can be obtained by calling 631-854-2368, or online at <http://suffolkcountyny.gov/departments/socialservices.aspx>
- Completed applications and required documentation must be **mailed** to MI-HEAP Unit, Suffolk County Department of Social Services, 80 Middle Country Road, Coram, New York 11727. Walk in applications will not be permitted. You will be notified by mail about your application determination.
- If your household's income falls under the below standards, your household may be eligible for HEAP. Eligible HEAP households will not be eligible for MI-HEAP.

MI-HEAP gross monthly income limit eligibility guidelines are as follows:

Family of 1 - \$1,964 - \$2,650	Family of 7 - \$5,098 - \$6,881
Family of 2 - \$2,568 - \$3,465	Family of 8 - \$5,211 - \$7,034
Family of 3 - \$3,173 - \$4,282	Family of 9 - \$5,325 - \$7,187
Family of 4 - \$3,777 - \$5,098	Family of 10 - \$5,438 - \$7,340
Family of 5 - \$4,381 - \$5,913	Family of 11 - \$5,801 - \$7,830
Family of 6 - \$4,985 - \$6,728	

Sincerely,

Kenneth A. Knappe
Principal Management Analyst

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Middle Income Home Energy Assistance Program Application (MI-HEAP)
IMPORTANT NOTICE

THIS BENEFIT IS ONLY INTENDED FOR HOUSEHOLDS THAT INCUR AN ACTUAL HEATING EXPENSE.

YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR MI-HEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS USED UP, NO BENEFITS WILL BE ISSUED AND THE PROGRAM WILL CLOSE. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND RETURN YOUR APPLICATION AS SOON AS POSSIBLE.

SECTION 1: HOUSEHOLD COMPOSITION

COMPLETE THE LINES BELOW:

		DATE OF BIRTH			SEX	SOCIAL
		MO	DAY	YR		SEC. NO.
_____	_____	_____	_____	_____	M F	_____
FIRST NAME	LAST NAME					

MY MAIDEN NAME AND/OR OTHER NAMES BY WHICH I HAVE BEEN KNOW ARE:

_____	_____				
FIRST NAME	LAST NAME				
		CITIZEN/NATIONAL OR QUALIFIED ALIEN?		BLIND OR	
		_____YES _____NO		_____YES _____NO	
_____	_____				
STREET ADDRESS	APT. #			PHONE # WHERE I CAN BE REACHED	
				AREA CODE + PHONE NUMBER	
_____	_____	_____	_____	_____	
CITY	STATE	ZIP CODE			

MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:

_____	_____	_____	_____	_____	_____
ADDRESS	APT#	CITY	COUNTY	STATE	ZIP CODE

BESIDES MYSELF, THE FOLLOWING PEOPLE LIVE IN THE SAME HOME/APARTMENT
(IF NO ONE ELSE, WRITE NONE)

FIRST NAME	LAST NAME	DATE OF BIRTH			SEX	RELATION TO ME	SOCIAL SEC #
		MO	DAY	YR			
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	_____	M F	_____	_____

SECTION 2: HOUSING – CHECK ONE ONLY

_____ HOMEOWNER – Single Family house or Mobile Home	_____ RENTER – Private Housing but receive Government rent subsidy.
_____ HOMEOWNER – Multi – Family House	Type of Subsidy _____
List Number of Units _____	_____ RENTER – Private House, Apartment, or mobile home
_____ CO – OP/ CONDO OWNER	_____ I live with someone else and share expenses
_____ RENTER – Public Housing Project or Senior Housing	_____ I pay for a room

SECTION 3: HEAT AND UTILITY INFORMATION

IF YOU PAY FOR YOUR OWN HEAT, COMPLETE
SECTION A BELOW

A. My heating company's name is: _____

Their Address Is: _____

Account Number : _____

*Please attach a copy of your bill

IF YOU ONLY PAY FOR ELECTRIC OR
ELECTRIC IS INCLUDED IN YOUR RENT
COMPLETE SECTION B BELOW

B. My household situation is

_____ Heat and Utilities Included in Rent

OR

_____ Pay Utilities only (lights, Cooking)

SECTION 4: HOUSEHOLD INCOME – REPORT ANY INCOME FOR ALL HOUSEHOLD MEMBERS AND SUBMIT PROOF OF INCOME WITH APPLICATION. IF INCOME FROM EMPLOYMENT IS RECEIVED, YOU MUST SUBMIT PAYSTUBS FOR THE LAST 4 WEEKS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

TYPE OF INCOME	MONTHLY INCOME AMOUNT	WHO RECEIVES?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I swear and/or affirm that the information given on this application is true and correct. I realize that any False Statements or other Misrepresentation knowingly made by me in connection with this application for assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, and False Statement or Misrepresentation knowingly made by me for purpose of obtaining assistance under this program may result in an action against me which may subject me to Civil and/or Criminal Penalties. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any authorized Government Agency in connection with this request for Middle Income Home Energy Assistance Program.

ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED TO GET ASSISTANCE.

SIGN HERE: _____

DATE SIGNED: _____

NAME OF PERSON, If Any, WHO ASSISTED YOU _____

PHONE NUMBER: _____

THIS APPLICATION IS TO ONLY BE MAILED IN TO: MI-HEAP, 80 MIDDLE COUNTRY ROAD, CORAM, NY 11727 - 854-2368

Section to be completed by DSS Staff

Date Received

Disposition:
Pended - Start _____ End _____

Accepted – Date _____

Benefit Amount _____

Income Calculation:

Denied- Date _____
Reason _____

Total Household Income: _____

Comments: _____

Worker's Signature/Date: _____

Supervisor's Signature/Date: _____